



JUN 18 2004 14:54 FR ANN ARBOR

734 995 1777 TO 917037464000

P.02/05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/20/2004

Michael S. Gzybowski
Butzel Long
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Suite 300
Ann Arbor, MI 48108

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Marilynn M. Peterson

(Depositor's name)

(Signature)

June 18, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,066	07/23/2001	Kazuhisa Senda	YPO0028	3060

TITLE OF INVENTION: GASKET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, KATHERINE W	3677	277-639000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BUTZEL LONG

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

NOK Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies

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(Date)

06/18/2004

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06/21/2004 AWONDAF2 00000029 122136 09911066

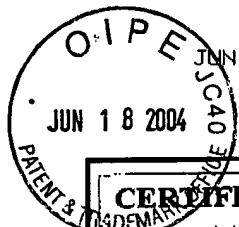
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JUN 18 2004 14:54 FR ANN ARBOR

734 995 1777 TO 917037464000

P.01/05

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Kazuhisa SENDA, et al

Docket No.

121036-0009

Application No.

09/911,066

Filing Date

07/23/2001

Examiner

Katherine W. MITCHELL

Group Art Unit

3677

Invention:

GASKET

I hereby certify that this Transmittals for Payment of Issue and Publication Fees, and Fee Transmittal

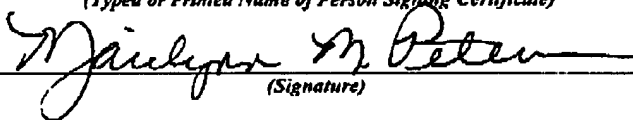
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.
121036-0009

Applicant(s): Kazuhisa SENDA, et al

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/911,066	07/23/2001	Katherine W. MITCHELL		3677	3060

Invention:

GASKET

Mail Stop Issue Fee
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Transmitted herewith are the following for the above-identified application.

- ☐ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1330.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☒ Publication Fee: \$ 300.00
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Dated: 06/18/2004

Michael S. Czybowski

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** \$1,630.00**Complete if Known**

Application Number	09/911,066
Filing Date	07/23/2001
First Named Inventor	Kazuhisa SENDA, et al
Examiner Name	Katherine W. MITCHELL
Art Unit	3677
Attorney Docket No.	121036-0009

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 12-2136		Fee Code (\$)	Fee Code (\$)
Deposit Account Name: BUTZEL LONG		1051 130	2051 65
The Director is authorized to: (check all that apply)		1052 50	2052 25
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1053 130	1053 130
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1812 2,520	1812 2,520
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		1805 1,840*	1805 1,840*
		1251 110	2251 55
		1252 420	2252 210
		1253 950	2253 475
		1254 1,480	2254 740
		1255 2,010	2255 1,005
		1401 330	2401 165
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		1502 480	2502 240
		1503 640	2503 320
		1460 130	1460 130
		1807 50	1807 50
		1806 180	1806 180
		8021 40	8021 40
		1809 770	2809 385
		1810 770	2810 385
		1801 770	2801 385
		1802 900	1802 900
		Other fee (specify) PUBLICATION FEES 300.00	
		SUBTOTAL (3) (\$) \$1,630.00	

1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND	
Total Claims: 20** = 0 X Fee from below = 0.00	
Independent Claims: 3** = 0 X Fee from below = 0.00	
Multiple Dependent: =	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1202 18	2202 9
1201 88	2201 43
1203 290	2203 145
1204 88	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$) \$0.00	

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*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael S. Gzybowski	Registration No. (Attorney/Agent)	32,816
Signature	<i>Michael S. Gzybowski</i>	Telephone	734.995.3110
		Date	06/18/2004

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